



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



November 26, 2012

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Super Saver, 840 Fall Brook requesting a class C liquor license.

Brian Hayes has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved manager.

The required training has been completed.

If this application is approved the Lincoln Police Department requests the following conditions be added to the license.

The on premise consumption of alcohol shall be limited to samplings of 2 ounces or less of any alcoholic beverage

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Super Saver #27

Street Address #1 840 Fall brook Blvd.

Street Address #2 _____

City Lincoln County Lancaster (C-2) Zip Code 68521

Premise Telephone number Not assigned yet

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mailing address (where you want to receive mail from the Commission)

Name B&R Stores, Inc

Street Address #1 4554 W Street

Street Address #2 _____

City Lincoln State NE Zip Code 68503

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 253 feet
Width 274 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

see attached "A" ✓

RECEIVED

DECEMBER 11, 2010
CONTROL COMMISSION

APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Patrick Raybould	*1974	Lincoln NE	Murder in Possession	
	*1979	Lincoln NE	Reckless Driving	
	2012	Lincoln NE	Watering Ticket	
	*Can not recall exact dates			

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) First National Bank of Omaha

**APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: B&R Stores, Inc. / Patrick Raybould

Name of Corporation that will hold license as listed on the Articles

B&R Stores, Inc. / #1

Corporation Address: 4554 W Street

City: Lincoln State: NE Zip Code: 68503

Corporation Phone Number: 402-464-6297 Fax Number: 402-434-5733

Total Number of Corporation Shares Issued: 33155

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Raybould First Name: Patrick MI: _____

Home Address: 9501 Eastview City: Lincoln

State: NE Zip Code: 68505 Home Phone Number: 402-483-9993

Patrick Raybould
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

11/14/12
Date

Date

The foregoing instrument was acknowledged before me this

by PATRICK RAYBOULD

name of person acknowledge

Affix Seal



MARCENE E GARDNER
MY COMMISSION EXPIRES
October 18, 2015

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted).

Last Name: Raybould First Name: Patrick MI: _____
Social Security Number: _____ Date of Birth: _____
Title: President Number of Shares 4681
Spouse Full Name (indicate N/A if single): Chung, Janet
Spouse Social Security Number _____ Date of Birth: _____

Last Name: Raybould First Name: Russell MI: W
Social Security Number _____ Date of Birth: _____
Title: Chairman of the Board Number of Shares 5888
Spouse Full Name (indicate N/A if single): see officer below
Spouse Social Security Number _____ Date of Birth: _____

Last Name: Raybould First Name: Anita MI: C
Social Security Number _____ Date of Birth: _____
Title: Secretary / Treasurer Number of Shares 2783
Spouse Full Name (indicate N/A if single): see officer above
Spouse Social Security Number _____ Date of Birth: _____

Last Name: Raybould First Name: Michael MI: _____
Social Security Number _____ Date of Birth: _____
Title: Vice President Number of Shares 1783
Spouse Full Name (indicate N/A if single): Raybould, Wula M
Spouse Social Security Number _____ Date of Birth: _____

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NEBRASKA
CONTROL COMMISSION

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Raybould First Name: Jane MI: _____

Social Security Number _____ Date of Birth _____

Title: Vice President Number of Shares 1737

Spouse Full Name (indicate N/A if single): Herrero, Jose

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Herrero First Name: Clara MI: M

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares 655

Spouse Full Name (indicate N/A if single): Goldman, Michah Kevin

Spouse Social Security Number _____ Date of Birth: _____

Last Name: Herrero First Name: Gabriel MI: J

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares 655

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Raybould First Name: Ryan MI: R

Social Security Number _____ Date of Birth: _____

Title: _____ Number of Shares 655

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

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NEBRASKA MOTOR
CONTROL COMMISSION

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Raybould First Name: Julian MI: E

Social Security Number _____ Date of Birth: _____

Title: _____ Number of Shares 655

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Raybould First Name: Jordan MI: M

Social Security Number _____ Date of Birth: _____

Title: _____ Number of Shares 655

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Raybould First Name: Alison MI: L

Social Security Number _____ Date of Birth: _____

Title: _____ Number of Shares 655

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Raybould First Name: Bret MI: W

Social Security Number _____ Date of Birth: _____

Title: _____ Number of Shares 483

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

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NEBRASKA COMMISSION
CONTROL CO. MAIL ROOM

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: BUR STOKES, INC First Name: _____ MI: _____
Trustee

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares 11870

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

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NEBRASKA
CONTROL COMMISSION

FORM 101
REV 12/2010
Page 3 of 4

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE

☐ FEMALE

Last Name: Hayes First Name: Brian MI: M

Home Address (include PO Box if applicable): 811 W. Chadderton Dr.

City: Lincoln County: Lancaster Zip Code: 68521

Home Phone Number: (402) 477-7302 Business Phone Number: (

Social Security Number: _____ Drivers License Number & State _____ - NE

Date Of Birth: _____ Place Of Birth: North Platte, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Hayes First Name: Tammy MI: J

Social Security Number: _____ Drivers License Number & State: _____ - NE

Date Of Birth: _____ Place Of Birth: Lincoln, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
<u>LINCOLN, NE</u>	<u>2002</u>	<u>2012</u>	<u>LINCOLN, NE</u>	<u>2002</u>	<u>2012</u>

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NEBRASKA ALCOHOL
CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1987	current	B&R Stores / Super Saver	Tom Schulte	(402) 464-6297
1986	1987	City of North Platte Park & Rec.	Lee Clark	(308) 535-6724

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO

IF YES, list the name of the premise.

SUPER SAVER

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

☒ YES ☐ NO

5. List any alcohol related training and/or experience (when and where).

Responsible Hospitality Training Lincoln 10/13/2011